

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

<p>1. Agency/Subagency originating request <b>U.S. Environmental Protection Agency</b></p>	<p>2. <b>G</b> OMB control number                      b. <input type="checkbox"/> None a    <b>2040</b></p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New collection</p> <p>b. <b>G</b> Revision of a currently approved collection</p> <p>c. <b>G</b> Extension of a currently approved collection</p> <p>d. <b>G</b> Reinstatement, <b>without change</b>, of a previously approved collection for which approval has expired</p> <p>e. <b>G</b> Reinstatement, <b>with change</b>, of a previously approved collection for which approval has expired</p> <p>f. <b>G</b> Existing collection in use without an OMB control number</p> <p><i>For b-f, note item A2 of Supporting Statement Instructions</i></p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <b>G</b> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by: <u>04</u> / <u>08</u> / <u>02</u></p> <p>c. <b>G</b> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities?    <b>G</b> Yes    <input type="checkbox"/> No</p> <p>6. Requested expiration date a. <b>G</b> Three years from approval date    b. <input type="checkbox"/> Other Specify: <u>7</u> / <u>31</u> / <u>2002</u></p>
<p>7. Title <b>Laboratory Quality Assurance Evaluation Program for Analysis of <i>Cryptosporidium</i> Under the Safe Drinking Water Act</b></p>	
<p>8. Agency form number(s) (<i>If applicable</i>) 2067.01</p>	
<p>9. Keywords <b>Cryptosporidium, Gairdia, laboratory, certification, approval, LT2, LT2ESWTR, Lab QA Program, Method 1622, Method 1623, protoza, water, analysis</b></p>	
<p>10. Abstract <b>The U.S. Environmental Protection Agency (EPA) is proposing a Laboratory Quality Evaluation Program for Analysis of <i>Cryptosporidium</i> Under the Safe Drinking Water Act. This voluntary program applies to public and private laboratories that analyze water samples for <i>Cryptosporidium</i>. The program will help ensure that laboratories meet the quality assurance and quality control criteria of EPA Method 1622 and EPA Method 1623 when using these methods to measure <i>Cryptosporidium</i> in water. In addition, the program will assist in determining capacity at qualified laboratories to support monitoring under the Long Term 2 Enhanced Surface Water Treatment Rule.</b></p>	
<p>11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Individuals or households      d. <input type="checkbox"/> Farms</p> <p>b. <b>P</b> Business or other for-profit    e. <input type="checkbox"/> Federal Government</p> <p>c. <input type="checkbox"/> Not-for-profit institutions    f. <b>X</b> State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <b>G</b> Required to obtain or retain benefits</p> <p>c. <b>G</b> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents      <u>20</u></p> <p>b. Total annual responses      <u>60</u></p> <p>    1. Percentage of these responses collected electronically      <u>0</u> %</p> <p>c. Total hours requested      <u>4347</u></p> <p>d. Current OMB inventory      <u>0</u></p> <p>e. Difference      <u>4347</u></p> <p>f. Explanation of difference</p> <p>    1. Program Change      <u>4347</u></p> <p>    2. Adjustment      <u>0</u></p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs      <u>0</u></p> <p>b. Total annual costs (O&amp;M)      <u>12</u></p> <p>c. Total annualized cost requested      <u>12</u></p> <p>d. Current OMB inventory      <u>0</u></p> <p>e. Difference      <u>12</u></p> <p>f. Explanation of difference</p> <p>    1. Program change      <u>12</u></p> <p>    2. Adjustment      <u>0</u></p>

<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits    e. <input checked="" type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation    f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics    g. <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping    b. <input checked="" type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion    2. <input checked="" type="checkbox"/> Weekly    3. <input checked="" type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly    5. <input checked="" type="checkbox"/> Semi-annually    6. <input checked="" type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biannually    8. <input type="checkbox"/> Other (describe) <u>3times pre year</u></p> <p>—</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><input checked="" type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Kristy Stevenson</u></p> <p>Phone: <u>(202) 564-4643</u></p>

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (I) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (I) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official

Date

Signature of Senior Official or designee

**Oscar Morales, Director  
Collection Strategies Division  
Office of Environmental Information**

Date

